



# CITY OF MONTGOMERY PRE-EMPLOYMENT DRUG TESTING FORM

PLEASE TYPE OR PRINT NEATLY!

\_\_\_\_\_  
Applicant's Full Name

\_\_\_\_\_  
Date Sent

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Code (CI-XXXX)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Drug Test Account # (001XXXX-73191)

The above applicant is being considered for a safety-sensitive job position with the City of Montgomery; and therefore, should report to the City Occupational Center for a pre-employment drug test.

Location: **Premise Health**  
**310-B South Hull Street**  
Hours of Operation:  
**Monday – Friday**  
**7:30a – 11:30a & 1:00p – 4:30p**

If this test is more than 30 days after the first test, select “Follow-Up”.

☐ Follow-Up (Urine Sample Only)

Department Representative: \_\_\_\_\_